North Dakota Office of State Tax Commissioner



Certificate of Compliance

Non-Participating Manufacturer Escrow Payment

Manufacturer's Identification		
Name:		
Address:		
Phone:	F	⊰ax:
1 110.10.		
Sales Year		
	tificate of Compliance is:	(Complete a separate certificate for each year of sales)
	-	` .
Units Sold		
	garettes and "roll-your-own	" tobacco sold by the Manufacturer identified above
during thesa	•	1000000 0010 07 110 1720101111 12201111
during thesa	les year is.	
D. I.P. william		
Brand Families:		
Escrow Rates and Pay	vments	
		v to figure the appropriate total deposit amount)
· · · · · · · · · · · · · · · · · · ·	=	0.0104712
		0.0136125
		0.0188482
Inflation Adjustment		
The appropriate deposit subto	otal is \$	
		btotal by 33.20594% (.3320594) and enter the result.
		*
Escrow Deposit Paid The total amount that has been	n paid into the qualified esc	crow fund by the Manufacturer identified above for the
	•	total and the inflation adjustment amount.)
		atted escrow agreement and for all deposits attach copies cial institution and copies, if any, of amendments to you
escrow agreement.	of deposit from your million	old institution and copies, it any, or amenancing to year
Financial Institution		
Name of Institution:		
Address:		
Escrow Acct. No.:	Sub-Acct. No.:	
Escrow Acct. No	Sub-Acct, No.:	Total Amount Held for the State



Signature

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this Certificate of Compliance is true and accurate. *The Certificate of Compliance must also be signed and dated by an authorized notary*

Name of Authorized Agent:	Title:		
Signature of Authorized Agent:	Date:		
Subscribed and sworn to before me on this date:			
Signature of Notary Public:			
My Commission Expires:			
1			

Mail this Certificate of Compliance to: Office of State Tax Commissioner

Tobacco Tax Section

600 E. Boulevard Ave. Dept. 127 Bismarck ND 58505-0599